Acupuncture Intake Form

Date: _____

PATIENT INFORMATION

Name _____ Cell Phone # _____

Email _____ Home Phone # _____

Date Of Birth _____ Sex at Birth _____

AHC # _____ Family Doctor _____

Address _____ City _____

Postal Code _____

Emergency Contact Name _____ Phone # _____

Referral Source:

☐ Google ☐ Doctor ☐ Social Media ☐ Family/Friend

Whom can we thank for this referral? _____

HEALTH & LIFESTYLE INFORMATION

Describe your current health concern/reason for todays visit:

_____

_____

_____

Please indicate only if any of the following applies to you:

☐ HIV positive ☐ Have a pacemaker

☐ Have a blood clotting disorder ☐ Have had hepatitis in the past

☐ Pregnant or possibly pregnant

Please list all current prescription medications, supplements, and herbal medicines:

_____

_____

Have you ever been hospitalized (including surgeries)? Please list and specify date(s):

_____

_____

Please identify your consumption (and frequency) of the following substances:

☐ Soda: _____per week ☐ Tobacco products: _____per week

☐ Coffee: _____per week ☐ Recreational drugs: _____per week

☐ Alcohol: _____per week

Have you experienced any of the following symptoms within the last 30 days:

Eyes, Ears, Nose & Throat

☐ Blurry vision ☐ Floaters in visual field ☐ Poor night vision

☐ Tinnitus (ringing in ears) ☐ Hearing difficulties ☐ Earaches

☐ Recurrent stuffy nose ☐ Persistent dry mouth/throat ☐ Recurrent nose bleeds

Musculoskeletal

☐ Weather-induced pain ☐ Joint pain ☐ Body stiffness

☐ Numbness/tingling ☐ Knee pain ☐ Lower back pain

☐ Mid-back pain ☐ Upper back pain ☐ Elbow pain

☐ Neck/shoulder pain ☐ Headaches

Cardiovascular

☐ Palpitations/feelings of pounding heartbeats ☐ Cold hands and feet

☐ Chest pain and/or tightness ☐ Poor circulation

☐ Prone to fainting/light headedness ☐ High blood pressure

Respiratory

☐ Shortness of breath ☐ Recurrent coughing

☐ Difficulty breathing ☐ Asthma

☐ Frequent discharge of phlegm

Gastrointestinal

☐ Nausea/vomiting ☐ Bloating after eating

☐ Acid reflux ☐ Stomach cramps

☐ Frequent hiccups/belches ☐ Undigested food bits in stools

☐ Prone to loose stools/diarrhea ☐ Constipation

Urogenital

☐ Prone to dark yellow urine ☐ Urinary incontinence ☐ High quantity of urine

☐ Prone to pale yellow urine ☐ Nighttime urination ☐ Low quantity of urine

☐ Prone to clear urine ☐ Frequent urination ☐ Frequent bladder infections

What outcome would you like to achieve at the end of the treatment course?

_____

_____

_____

GYNECOLOGICAL HEALTH

Please provide the following information (if applicable to current health concern):

Menstrual History

Age of first menstrual onset: ____ years old

Length of overall cycle: ____ days Duration of period: ____ days

Is your cycle: ☐ regular ☐ irregular

Would you consider your flow as: ☐ light ☐ moderate ☐ heavy

Consistency of blood tends to be: ☐ watery ☐ thin ☐ thick

Color of blood tends to be: ☐ red/normal ☐ light red ☐ dark red ☐ brown/black red

Menstrual Symptoms & Discomfort

☐ Menstrual pain ☐ Headaches ☐ Breast tenderness

☐ Ovulation pain ☐ Mood swings ☐ Blood clots

☐ Cramps ☐ Bloating ☐ Loose stools

☐ Nighttime sweating ☐ Spotting/bleeding between periods

POLICIES & CONSENT

Cancellation Policy:

We are here to provide you with the very best care and attention. Your treatment time is reserved just for you. In our commitment to provide an outstanding experience to all of our patients and out of consideration for our physiotherapist's time, we will be enforcing a cancellation and no-show policy. **A minimum of 24 hours is required for cancellations or 100% of the service fee will be charged to your account.** As a courtesy to our patients, if you arrive late, your appointment will be shortened to the remainder of your original scheduled appointment.

Consent to Treatment Modalities:

Traditional Chinese Medicine utilizes a wide range of modalities to tap into the body's natural, innate ability to heal to re-establish a balanced state of wellbeing. These classical techniques have endured the test of time. A treatment may include acupuncture, cupping, Gua-Sha friction technique, Tui-Na massage and acupressure, moxibustion, or any combinations thereof.

- Acupuncture**:** The use of hair-thin, sterile, one-time use disposable needles to promote the body's natural healing response by inserting them into known acupuncture points. Occasionally, this may produce stimulative effects such as mild discomfort, but it should not be painful. From time to time, a small electrical current may be added, producing a very mild tingling sensation.
- Cupping: A negative-pressure technique performed over the skin to increase blood flow to the affected area, enhancing the cellular regenerative processes of the body.
- Gua-Sha: A friction technique over muscular tissue to draw stagnant blood out from the capillaries and into the superficial surface of the skin. Light bruising over the affected area is a normal and desired result.
- Tui-Na Massage and Acupressure: Hands-on manipulation of muscular tissue and acupuncture points. Many of the Tui-Na massage techniques share a common or similar origin as Swedish massage therapy. Muscles are often loosened and relaxed when performed in conjunction with acupuncture.
- Moxibustion: An application of heat therapy; this can be achieved through many ways: mainly, topical application of herbs and infrared light therapy. The underlying therapeutic principle is not dissimilar to the use of a hot water bottle or a hot compress over a small area.

The use of any or a combination of the modalities, though inherently safe, may occasionally produce side effects such as light temporary bruising, bleeding, swelling, numbness/tingling, or soreness over the affected areas of the body. These effects may persist up to a few days after treatment. In extreme, but very rare instances, needle stick injuries including bent/stuck needles, infection, nerve injury, pneumothorax, or perforation of the peritoneum may result. Furthermore, in pregnant women, Traditional Chinese Medicine modalities can have both positive and negative impacts on the fetus(es) in utero.

For example: Positively, specific acupuncture points can help in instances of morning sickness or a breeched baby; negatively, certain acupuncture points are known to induce labour regardless of pregnancy trimester. To take the necessary precautions, the attending acupuncturist must be informed of all pregnancy or any possibility thereof.

Declaration of Medical Consultation:

Section 8(1) of Alberta's Acupuncture Regulation stipulates that an acupuncturist shall not undertake the care and treatment of a person unless (a) that person has already consulted with a physician or, in the case of dental pathology, a dentist about the condition for which care and treatment from the acupuncturist is being sought; (b) that person has informed the acupuncturist that a physician or dentist has been consulted about the condition; and (c) the acupuncturist has completed a patient consultation form.

Privacy and Sharing of Information:

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize for my personal and medical information to be shared between Chang Shih, R. Ac (DBA Core Acupuncture) and Aspire Physiotherapy to provide seamless and streamlined care; such information will be kept confidential by all parties in accordance with applicable legislation.

By signing this informed consent, I state that:

- **I understand the inherent risks associated with the modalities of Traditional Chinese Medicine and agree to indemnify the attending acupuncturist from all unintended effects.**
- **I have consulted with a physician or dentist (as appropriate) about the condition for which acupuncture treatment is now being sought.**
- **understand the cancellation policy and acknowledge the potential charges for late cancellations or no-shows.**

Patient/ Legal Representative Signature: _____

Name: _____ Dated: _____

Acupuncturist: _____ Dated: _____